



Attorney Docket No. 4800-0015.30

Receipt
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Date: 5-23-00

By

Symone B. Anderson

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

Wah Y. Wong et al.

SERIAL No.: 09/517,597

FILED: March 2, 2000

FOR: BIOSENSOR DEVICE AND
METHOD

EXAMINER: unknown

ART UNIT: 1643

Request for Corrected Filing Receipt

Application Processing Division
Customer Correction Branch
Assistant Commissioner for Patents
Washington, D.C. 20231

1. Attached is a copy of an official filing receipt received from the U.S. Patent and Trademark Office for which a corrected filing receipt is respectfully requested.

2. There is an error in the following data, which was:

omitted

ERROR IN	CORRECT DATA
1. <input checked="" type="checkbox"/> Applicant name	Heman Chao
2. <input checked="" type="checkbox"/> Applicant address	Edmonton, CANADA

3. Fee Payment:

The correction(s) is/are not due to any error by applicant. Therefore, no fee is due.

Respectfully submitted,

Peter J. Dehlinger
Peter J. Dehlinger
Registration No. 28,006

Date: 5-23-00

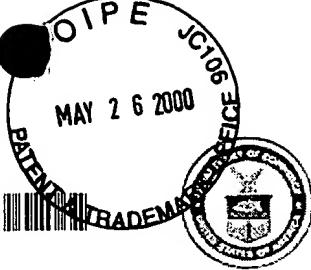
Correspondence Address:

Customer No. 22918

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FILING RECEIPT

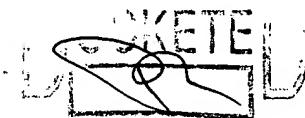

OC00000005113843

UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

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COMMISSIONER OF PATENT AND TRADEMARKS
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/517,597	03/02/2000	1643	471	4800-0015.30	13	34	3

Dehlinger & Associates
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Date Mailed: 05/12/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) *Heman Chao, Edmonton, CANADA*

*Wah Y. Wong, Edmonton, CANADA;
Donald Segal, Stouffville, CANADA;
Jerry McElroy, Richmond Hill, CANADA;*

R E C E I V E D

MAY 18 2000

DEHLINGER & ASSOCIATES, LLP

Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/122,548 03/02/1999

Foreign Applications

If Required, Foreign Filing License Granted 05/12/2000

Title

Biosensor device and method

Preliminary Class

436

Data entry by : MAY, MOLIKI

Team : OIPE

Date: 05/12/2000



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Bib Data Sheet


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SERIAL NUMBER 09/517,597	FILING DATE 03/02/2000 RULE -	CLASS 436	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 4800-0015.30
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APPLICANTS

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Donald Segal, Stouffville, CANADA;
Jerry McElroy, Richmond Hill, CANADA;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/122,548 03/02/1999

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 05/12/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 13	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Biosensor device and method

FILING FEE RECEIVED 471	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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